COHC BOARD MEETING
June 16, 2020, 7:30 a.m.
Zoom meeting: Link provided in calendar invite

7:30 a.m. I CALL TO ORDER (D. McQuaid)

7:30 a.m. II REVIEW/APPROVAL OF MINUTES (D. McQuaid) ACTION
The Board will be asked to approve the minutes of the March 4, 2020 Board meeting.

Tab 1

7:35 a.m. III COVID 19 DEBRIEF (All) DISCUSSION
The Board will briefly discuss developments around the community response to COVID 19.

7:40 a.m. IV 2020 COHC WORK PLAN (J. Klingler) ACTION
The Board will be asked to review and approve the Council’s 2020 work plan. The Board will also discuss a potential strategic planning session to be held at the October COHC meeting.

Tab 2

7:55 a.m. V UNIVERSAL MATERNAL DRUG TESTING (J. Klingler) ACTION
The Board will discuss an initiative of the four systems on universal maternal drug testing and will be asked to approve the “Community Standards on Universal Maternal Drug Testing for Early Identification of Neonatal Abstinence Syndrome.”

Tab 3

8:05 a.m. VI FRANKLIN COUNTY MENTAL HEALTH AND ADDICTION CRISIS CENTER (J. Klingler) DISCUSSION
The Board will be updated on the work of the hospital systems, ADAMH and other stakeholders to construct a Franklin County Mental Health and Addiction Crisis Center.

Tab 4

8:15 a.m. VII COHC OPIATE INITIATIVES (J. Klingler) DISCUSSION
The Board will review the work of the hospital systems to address opiate addiction in coordination with the Columbus and Franklin County Addiction Plan.

Tab 5

8:25 a.m. WRITTEN REPORT INFORMATION
The Board will receive an update on other activities underway at the COHC.

Tab 6

8:30 a.m. ADJOURN

The next COHC Board of Directors meeting will be held August 7, 2020 at 7:30 a.m.
TAB 1
Central Ohio Hospital Council Board of Directors
Meeting Minutes
Wednesday, March 4th 2020

In Attendance

COHC Board
David McQuaid, OSU Wexner Medical Center
Mike Englehart, Mount Carmel Health System
Tim Robinson, Nationwide Children’s Hospital
Jeff Klingler, Central Ohio Hospital Council

Guests
Erika Clark-Jones, ADAMH
Jonathan Thomas, ADAMH
Mary Gallagher, Ohio Hospital Association
Joanna Skillings, Central Ohio Hospital Council

Absent
Steve Markovich, OhioHealth

I. CALL TO ORDER
D. McQuaid called the meeting to order at 7:32 a.m.

II. REVIEW/APPROVAL OF MINUTES
ACTION: D. McQuaid requested approval of the minutes from the December 10, 2019 Board meeting.
M. Englehart motioned to approve.
MOTION CARRIED

III. FRANKLIN COUNTY MENTAL HEALTH AND ADDICTION CRISIS CENTER (E. CLARK JONES, J. THOMAS, J. KLINGLER)
Erika Clark Jones, the new CEO of the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH), and Jonathan Thomas, ADAMH vice president of planning & evaluation, discussed the work of the hospital systems, ADAMH and other stakeholders to construct a Franklin County Mental Health and Addiction Crisis Center. Clark Jones informed the Board that ADAMH is requesting an increase in levy funds over a 10-year period, and highlighted ADAMH’s plans for boosting its agency capacity to become a more outward organization, to engage in more collaboration and to expand crisis care for adults.

Thomas said ADAMH released an RFP in February for a site study of property purchased by ADAMH last year for possible location of the Crisis Center. ADAMH has selected AECOM to perform the study and expects results by mid-March.

Thomas said that, using data provided by the hospital systems, Netcare, EMS and police, ADAMH anticipates a 60% to 70% reduction in ED visits for those in crisis. Thomas said telemedicine will be available to patients as will a walk-in clinic to assist patients not yet in crisis by reconnecting them with medications and linking them with an outpatient provider. The facility will likely be using EPIC as its EHR platform.
ADAMH is hoping to break ground in early 2021 and providing services to the public in 2023. This timeline considers the timing of the county levy as well as securing commitment from funding sources and completing a financial pro forma. The Board stressed urgency in opening the facility, and offered support in helping the process move forward.

IV. CORONAVIRUS
The system chief medical officers are holding biweekly calls with the city and county health commissioners, the Central Ohio Trauma System, Franklin County EMA and representatives from skilled nursing facilities to address a number of issues associated with the pandemic. The health systems are addressing capacity within their med/surg units, EDs and ICUs to meet potential demand. The alternative care site at the Greater Columbus Convention Center is included in local plans to expand capacity.

Klingler indicated that COTS is the local entity charged with emergency preparedness planning and implementation, and is allocating stockpiled PPE and other supplies based on the needs of the hospitals. The Board stressed the importance of having worst-case-scenario plans in place, consistent messaging and an ability to communicate clearly to the community.

V. COHC OPIATE INITIATIVES (J. KLINGLER)
Due to limited time, the Board will hear an update on the Council’s work on opiate addiction at its next meeting.

VI. 2020 COHC WORKPLAN (J. KLINGLER)
Due to limited time, the Board will review and be asked to approve the COHC workplan at its next meeting. Klingler provided the Board with a few quick updates on initiatives in the work plan, including an initiative to universally test women at delivery for use of certain drugs, including opiates. A COHC workgroup of OB directors and OB physician leaders has been investigating a similar initiative implemented in the Cincinnati market in 2013. Klingler asked the CEOs to review the document titled ‘Community Standards on Universal Maternal Drug Testing for Early Identification of Neonatal Abstinence Syndrome’ in advance of the next Board meeting.

VII. WRITTEN REPORT (J. KLINGLER)
The Board was provided with a written report on other activities underway at COHC.

VIII. REVIEW OF COHC FINANCIALS (J. KLINGLER)
The Board was provided COHC 2019 year-end financial statements.

With no other business, the meeting adjourned at 8:28 a.m.
## Central Ohio Hospital Council 2020 Work Plan

*DRAFT: For consideration by the COHC Board of Directors*

### Health Information Translations

Secure a grant from the National Library of Medicine to develop low literacy health information in multiple languages. Assist hospitals in identifying translation and language needs in central Ohio and developing translated materials that meet local needs in conjunction with the federal grant.

### Community Health Needs Assessment

Contract with OSU College of Public Health for data gathering and analysis needed for the 2022 CHNA. Convene CHNA Steering Committee to identify data needs for 2022 report. Work with Columbus Public Health and Franklin County Public Health towards one needs assessment for the 3 organizations by 2022, in a way that is consistent with State of Ohio guidelines and compliant with IRS regulations.

### Behavioral HealthCare

#### Crisis Center

In partnership with ADAMH Franklin County, finalize a business plan, including a financial pro forma and site selection/analysis, for a newly constructed Crisis Center that meets current and future needs of hospitals, patients and the community.

### Freestanding providers

Work with inpatient psychiatric providers to monitor compliance with Bedboard protocols designed to ensure equitable distribution of those with Medicaid managed care as a payor. Facilitate discussions regarding denials by Medicaid MCOs to the freestanding IMDs.

### Longer term patient placement

In collaboration with ADAMH, OMHAS and Twin Valley, assist the hospitals with an initiative to place patients requiring a longer-term treatment plan directly into the state hospital system.

<table>
<thead>
<tr>
<th>Hospital Representatives</th>
<th>CEO Goals</th>
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<tbody>
<tr>
<td>Diane Moyer</td>
<td>Qualitative goal: Get alignment from the 4 systems on the patient education materials to be translated in multiple languages.</td>
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<tr>
<td>Wanda Dillard, Deborah Fraizer, Beth Necamp</td>
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<tr>
<td>Amanda Lucas, Andy Door, Pat Robertson</td>
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<tr>
<td>Kate Brownlowe</td>
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**Customized for OSU Wexner Medical Center**
### Opiate Addiction

**Opiate prescription reduction**
Reduce the number of opiate prescriptions/doses dispensed to individuals undergoing gastrointestinal outpatient surgeries. Expand initiative to Cesarean sections in 2020.

Naeem Ali

**Employer initiative**
In partnership with Cardinal Health Foundation and the Ohio Business Roundtable, assist hospitals with their employee workforce efforts around opiate-use disorder.

Greg Wilson

**Community education**
Coordinate hospital staff presenters at community overdose education and prevention programs.

Dr. Julie Teater, Michael Dick, Emily Kaufmann

**ED Treatment Standards**
Assist hospitals with the screening for and education of substance use patients with Hepatitis C.

Erin Farrell, Ken Groves

Assist hospitals with timely referral of opiate overdose patients to Maryhaven Addiction and Stabilization Center via RREACT.

Erin Farrell, Ken Groves

Quantitative goal: increase the number of RREACT calls by 20% over 2019. Achieving goal may be difficult due to COVID-19 restrictions.

Work with hospitals to ensure that patients presenting in the ED with an overdose are provided a Narcan kit, along with instructions on how to administer Narcan. Translate Narcan administration instructions into languages seen in the community.

Erin Farrell, Ken Groves

Quantitative goal: increase the number of Narcan kits distributed by hospitals by 15%.

### Infant Mortality

**Safe Sleep**
In coordination with CelebrateOne, assist hospitals in educating parents who deliver a baby on safe sleep practices, breastfeeding, and tobacco cessation. Collect quarterly data, by hospital site, on the number of bassinets that were bare at the time of the safe sleep audit. Collect and distribute data on percentage of women who view a video before discharge.

Anita Cygnor
**Tobacco Cessation**

Assist hospitals with educating parents on the city's tobacco cessation initiative, whereby post-partum women are screened for tobacco use and referred to Tobacco Free Families, if there is a willingness to quit. Distribute monthly referral data to birthing units; hold quarterly improvement check-in calls.

- Anita Cygnor
- Candace Engel
- Quantitative: Increase the number of cessation referrals by 25% over 2019 referrals. COHC will not encourage additional referrals until fall, when CPH TFF staff are back from COVID responsibilities.

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**Very Low Birth Weight Infants**

Assist hospitals in ensuring that pregnant women at risk of delivering a VLBW infant deliver at facilities with higher volumes, according to hospital protocols.

- Anita Cygnor

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**Birth Certificate Improvement**

Collect and provide data to birthing hospitals to improve birth certificate data entry for data sets that will assist the CelebrateOne/OBBO leadership teams.

- Birth certificate managers

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**Neonatal Abstinence Syndrome**

Pending Board approval, assist hospitals with implementing an initiative to universally test women who deliver a baby for use of opiates and other drugs. In coordination with ADAMH and Franklin County Children's Services, develop consistent patient education materials for parents and a streamlined system for referring women to treatment and to FCCS.

- Anita Cygnor
- Maged Costantine

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**Disabled Ohioans Initiative**

In partnership with the State's Opportunities for Ohioans with Disabilities office, assist hospitals with a program to train and place disabled residents with hospital environment services jobs.

- Karen Bryer
- ON HOLD.

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**Energy Efficiency**

In partnership with OHA, reconstitute the Franklin County Hospital Energy Collaborative with agreed-to goals for energy consumption reduction along with best practice sharing.

- Mark Conselya
- Mike Schmit
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<thead>
<tr>
<th>Supplier Diversity</th>
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<tbody>
<tr>
<td>Coordinate joint hospital participation in the Ohio Minority Supplier Development Council’s annual meeting; host a “Meet and Greet” event for minority business owners working in the Information Technology space.</td>
</tr>
<tr>
<td>Hal Mueller, Kai Peters, Phyllis Teater</td>
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<thead>
<tr>
<th>COHC Communications</th>
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<tbody>
<tr>
<td>Implement new communications strategies to better educate and build awareness in the community of hospitals’ collaborative work through the COHC.</td>
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June 9, 2020

TO: COHC Board of Directors
FROM: Jeff Klingler
RE: Universal Maternal Drug Testing

In November 2017, OSU Wexner Medical Center held Grand Rounds with a physician from Cincinnati Children’s Medical Center who lead an initiative in southeast Ohio in 2013 around universal testing at delivery for drug exposure. After the Grand Rounds, Dr. Wexleblatt met with representatives from all 4 Franklin County hospital systems on the Cincinnati experience. Following that meeting, the 4 systems indicated interest in pursuing a similar initiative in Franklin County.

Since 2017, COHC has held learning sessions on the Cincinnati initiative, convened additional meetings among the COHC membership and addressed concerns raised by OB directors and OB physician leaders through meetings with other stakeholders such as ADAMH and Franklin County Children’s Services. COHC drafted a guiding document to support the ongoing discussions of the 4 hospital systems. That document has seen many revisions over the past 18 months, and was used to create the “Community Standards on Universal Maternal Drug Testing for Early Identification of Neonatal Abstinence Syndrome,” which is attached to this memo. The standards have been fully vetted with the OB directors and OB physician leaders of the 3 adult hospital systems, along with representatives from Nationwide Children’s Hospital. The standards have been agreed to by all 4 systems and are set for approval by the COHC Board at the June meeting.

Hospital representatives involved in this initiative include:

**COHC OB Workgroup**
Anita Cygnor, OSU Wexner
Mickey Johnson, Mount Carmel
Kris Reber and Christine Sander, Nationwide Children’s
Sherrie Valentine, OhioHealth

**OB Physician Leaders**
Dr. Maged Constantine, OSU Wexner
Dr. Tom Harmon, OhioHealth
Dr. Phil Schubert, Mount Carmel
Community Standards on Universal Maternal Drug Testing for Early Identification of Neonatal Abstinence Syndrome

Central Ohio, like many other communities across the country, is currently fighting a battle with opiate addiction. Incidents of opiate overdoses and overdose deaths have skyrocketed over the past several years, and today Ohio leads the nation in opiate overdose deaths.

A particularly vulnerable population is pregnant women and new mothers. According to the Centers for Disease Control and Prevention, the number of pregnant women with opiate addiction more than quadrupled between 1999 and 2014. An Ohio Department of Health report indicated that Ohio has seen a 534 percent increase in the number of babies hospitalized with neonatal abstinence syndrome (NAS) between 2006 and 2017.

The four Franklin County hospital systems are implementing a collaborative initiative aimed at identifying infants with NAS in a timely manner through universal maternal drug testing. The hospital systems feel strongly that the consequences of a missed diagnosis and/or delayed initiation of treatment may result in poor outcomes for mother and baby. Early identification of NAS through maternal testing is preferable to current screening practices and provides health benefits to infants and new mothers and economic benefits to the health care system.

Benefits to infants: Early detection of NAS allows for prompt initiation of treatments, such as swaddling and skin-to-skin contact. Since signs of NAS may not appear until 72 hours after birth, delayed identification can result in infants failing to thrive, developing seizures and experiencing respiratory compromise.

Benefits to new mothers: Studies show that women with an opioid addiction are at high risk of overdose or overdose death between 7 and 12 months after delivering a baby.

Economic benefits: Early identification provides economic benefits through the increased use of cost-effective, nonpharmacological therapies. Infants with delayed diagnosis of NAS more often require pharmacological treatments, such as the use of morphine, which results in longer lengths of stay and increased costs.

Throughout the process for consideration of this initiative, the hospital systems looked at state and national statistics on addiction during pregnancy and incidents of neonatal abstinence syndrome as well as a study conducted in a Cincinnati-area hospital in 2013.
**State and Federal Statistics**

From 1999 to 2014, the national prevalence of opioid use disorder among pregnant women increased 333%, from 1.5 cases per 1,000 delivery hospitalizations in 1999 to 6.5 cases in 2014. That is an average annual increase of 0.4 per 1,000 delivery hospitalizations per year.

In Ohio, the prevalence of infants hospitalized with NAS increase 534% from 2006 through 2017, from 305 hospitalizations in 2006 to 1935 hospitalizations in 2017. According to an Ohio Department of Health report:

- Over 90% of all NAS discharges in 2017 (1,753) were covered by the Medicaid program, while Medicaid covers 47% of all deliveries.
- The average length of stay for an infant hospitalized with NAS was 13.4 days in 2017, while the average LOS for all births was 3.8 days.
- The average charge for infants hospitalized with NAS in 2017 was $65,127, while the average charge for all births was $17,812.

The ODH report also shows that infants hospitalized with NAS have poorer health outcomes compared to all infants:

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>NAS infants</th>
<th>All infants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding difficulties</td>
<td>18.40%</td>
<td>6.40%</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>19%</td>
<td>10.60%</td>
</tr>
<tr>
<td>Respiratory symptoms</td>
<td>22.50%</td>
<td>11%</td>
</tr>
<tr>
<td>Seizures and Convulsions</td>
<td>1.10%</td>
<td>0.21%</td>
</tr>
</tbody>
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**A Cincinnati Study: Universal Drug Testing vs. Traditional Screening**

In 2012 and 2013, a study was conducted at Mercy Hospital Anderson after implementation of a universal maternal drug testing protocol. The study concluded that universal testing improves the identification of infants at risk for the development of neonatal abstinence syndrome compared to traditional screening methods.

During the study period, the hospital collected 2,956 urine drug tests for maternal admissions. Of the 2,956 specimens, there were 159 positive results (5.4% of mothers).

Of the 159 positive tests, 96 were positive for opiates (60% of positive tests and 3.2% of all maternity admissions).

Of the 96 opiate-positive urine tests:

- 77 infants would have been identified through traditional screening methods;
- 19 infants would not have been identified through traditional screening methods.
**Franklin County Initiative**

*Initiative Overview*

The four Franklin County hospital systems are implementing a collaborative initiative aimed at identifying infants with NAS in a timely manner through universal maternal drug testing. The hospital systems feel strongly that the consequences of a missed diagnosis and/or delayed initiation of treatment may result in poor outcomes for mother and baby. Hospitals also agree that universal testing is preferable to existing screening protocols over concerns that screening could be considered discriminatory. The hospitals also considered a study performed previously at Mercy Hospital Anderson, which showed that approximately 20% of infants were not identified with NAS using traditional screening methods.

Under this initiative, the hospital systems will develop and implement policies and protocols, specific to their institutions, for universal maternal drug testing. When possible, COHC, OBBO and other stakeholders will provide guidance and materials to the hospital systems to strive for consistency in implementation across the 3 systems.

*Testing for drug exposure*

Under the initiative, Franklin County’s nine birthing hospitals will strive to test every mother or infant for exposure to opiates or other harmful drugs before being discharged from the hospital. When developing protocols for implementing universal testing, hospitals will consider:

- Mother’s consent to testing for drug exposure, along with other lab tests performed before delivery, is obtained at admission.
  
  - Hospital legal counsel should develop language informing patients that urine samples will be obtained for the detection of drugs or other controlled substances.
  
  - When maternal consent to testing is not granted, hospitals should continue to strive to test every mother or infant through additional education of the mother or testing of infants.

- Urine tests may be obtained from mothers using an enzyme immunoassay. Maternal testing should be conducted prior to delivery, when possible;

- Positive immunoassay results may be verified using mass spectrometry tests;
  
  - Hospital OB directors should work with their Lab directors to develop protocols for efficient testing of mothers and newborns as well as sufficient test supplies once the initiative goes live.

- Positive mass spectrometry results are considered by clinicians to ensure that positive result could not be explained by medications administered during labor and delivery.

- Positive test results are not communicated until they are verified through mass spectrometry and clinical considerations of results has occurred.
• Patient education is provided on steps being taken to ensure infants receive optimal care and reach good outcomes.

*Treatment of infants*

The birthing hospitals will develop protocols to ensure optimal, timely care is provided to infants when NAS is identified. Protocols should consider:

• Observation times for infants exposed to drugs and identified with NAS;

• Implementation or refinement of scoring systems (Finnegan Scoring System, ESC Care Tool, etc) to assess treatment options. With early identification, nonpharmacological options should be considered for initial initiation.

• Parental or caregiver education for optimal care after infant is discharged.

*Referral of women to treatment*

• The birthing hospitals will develop protocols to ensure that women testing positive for drug exposure receive education on addiction treatment options and refer them to an agency that can assist with accessing treatment that is appropriate to their needs.

  o COHC and Ohio Better Birth Outcomes (OBBO) will work with ADAMH to develop educational materials for use by the birthing hospitals.

• Hospitals will develop protocols for referring women to a treatment agency appropriate to her needs, when the woman indicates a willingness to enter treatment.

  o COHC and OBBO will work with ADAMH on a community-wide, streamlined system for making treatment referrals to an agency such as RREACT or Step One for a Healthy Pregnancy.

*Referrals to Children’s Services Agencies*

Hospitals should develop protocols to refer women with verified, positive test results to the Children’ Services Agency located in the county of the woman’s residence. Under the Ohio Revised Code, health care providers are required to report to the county children services agency, according to the mother’s county of residence, any infant identified as affected by legal or illegal substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure pursuant to rule 5101:2-1-01 of the Administrative Code.

In addition, hospitals should develop a Safe Care Plan template, compliant with the federal Cares Act, as well as process for documenting the Safe Care Plan in the patient record. Hospitals should develop the plan for each patient that is being referred to the local Children Services Agency prior to making the referral. The requirement for developing and documenting Safe Care Plans, enacted under the federal Cares Act, takes effect Jan. 1, 2021.
COHC and OBBO will work with the hospital systems and Franklin County Children Services (FCCS) on protocols allowing Children Services to respond to referrals in a timely, efficient manner. COHC and OBBO will also work with FCCS on a template to assist with the development of a Safe Care Plan template.

Staff education on universal testing initiative

Prior to going live with the universal testing initiative, hospitals should educate front-line staff on the protocols listed above, including obtaining patient consent (and protocols when consent in not granted); maternal testing protocols; efficient referrals to Children Services Agencies; and processes for educating women and referring them to addiction treatment. Ongoing education is encouraged, including messages that reinforce the underlying initiative goal to provide optimal care for infants.

Success metrics

Franklin County birthing hospitals (and NCH for some NICU data sets) will submit quarterly the following metrics to COHC:

**Drug Testing***

- # of women tested
- # of positive test results
- # of positive results by category:
  - Opiates
  - Marijuana exclusive
  - Others

**NAS Volume and Length of Stay***

- Hospitalizations of infants with NAS
- Number discharged from well-baby unit
- Average LOS for discharges from well-baby unit
- Number discharged from NICU
- Average LOS for discharges from NICU
- Total # of IUDE discharges (without NAS)

*OBBO will develop data definitions for these success metrics to ensure consistent data reporting

Children Services referrals

The following metrics will be requested quarterly of Franklin County Children Services:

- Number of referrals to Children Services with a drug-related reason, upon birth of a newborn
  - Percentage of referrals resulting in an investigation
  - Percentage of cases where parent(s) retained custody with a safety plan;
COHC-member hospitals have worked together to develop the “Community Standards on Universal Maternal Drug Testing for Early Identification of Neonatal Abstinence Syndrome.” These standards provide a valuable framework as local hospital systems review and revise their internal policies and protocols. These standards were adopted by the COHC Board of Directors in June 2020 and will take effect January 4, 2021.
TAB 4
June 10, 2020

TO:       COHC Board of Directors
FROM:     Jeff Klingler
RE:       Update on Franklin County Crisis Center

COHC continues to work with representatives from the three adult hospital systems, ADAMH and other community stakeholders to construct a new Mental Health and Addiction Crisis Center. The following is an overview of this work.

Site Selection

In February, ADAMH issued an RFP for a site feasibility study of property purchased on Harmon Ave. (in the Westgate area on the near West side) as a potential location for the Crisis Center. The study, performed by AECOM, suggests that the property is a viable location for the Crisis Center, but it is not optimal due to its size. An optimal property for a 72,000 square foot, two-story building is approximately 5 acres; the Harmon Ave. site is just over 3 acres. While the property does not meet optimal size criteria, it does meet several other agreed-to criteria: located in a high-need area (using data provided by EDs, Netcare, EMS and police), freeway accessible, EMS/police accessible, walk-in friendly, and access by bus line.

Adjacent to the Harmon Ave. property is land and a building owned by Hallmark Management Services, a food processing company. Also adjacent to the property is Comtex, a linen services company owned by OhioHealth and Mount Carmel. At the request of COHC, Comtex leadership has approached the owners of the Hallmark land to assess interest in relocating and selling the land to the county or city. The Hallmark owners are open to discussing the possibility. COHC is working to arrange a meeting with Hallmark, ADAMH, and the city to pursue the possibility further.

Working with a Building Design workgroup, ADAMH has identified several critical service units to address the needs of individuals with mental health and/or substance use disorders, including a walk-in clinic, on-site staff from community-based providers, assessment and triage, medical care services, telehealth, medication assisted treatment, 23-hour observation, and a psychiatric hospital-grade inpatient unit. Based on the various service units’ needs and projected volume, some key characteristics identified to-date include:

- Total square footage = 72,000 square feet
- Minimum ground floor square footage = minimum 33,475 square feet (including public and first responder entrances/sally ports/bays)
- Entrances = public, first responder, facility/loading/etc.
- Desired parking = minimum 250 surface spaces
Representing the adult systems on the Building Design workgroup are:

- Mike MacKay, OhioHealth
- Meg Peugh, Mount Carmel
- Bill Orosz and Paul Lenz, OSU Wexner

**Capital Costs**

Working through a Governance and Funding workgroup, COHC and ADAMH have identified commitments for funds to construct the Crisis Center, which is estimated by the Building Design workgroup at $50 million. To date, commitments have been secured from:

- Franklin County Commissioners, $10 million;
- ADAMH, $8 million;
- Franklin County adult hospital systems, $8 million;

ADAMH has reached out to city leaders with a request for support of the project in line with funds committed by Franklin County ($10 million). City leaders are actively considering the request, which could be addressed in the city’s upcoming capital bill.

Prior to the COVID-19 pandemic, COHC and ADAMH received confirmation that a $5 million request would be included in the list of central Ohio projects to be considered in the state capital bill. The legislation was expected to be introduced in the state legislature in March, but may not be introduced until fall, if it is introduced at all. COHC is working with hospital government affairs officers to stay apprised of the state capital bill. If a capital bill is not introduced, the workgroup will pursue additional avenues for support from the state.

COHC and ADAMH have met with leaders from the Columbus Foundation and the Osteopathic Heritage Foundation, both of which expressed interest in helping engage other local corporate and charitable philanthropic organizations. Assuming all other financial commitments come through, approximately $9 million will be needed from the philanthropic community to meet the $50 million needed for capital costs. COHC and ADAMH are working to secure all financial commitments over the next month.

**Operational Sustainability**

ADAMH has taken steps to develop an operational analysis, including a financial proforma, for the Crisis Center. Last month, ADAMH issued an RFP for firms interested in assisting with the financial analysis. Two firms, Health Management Associates and Technical Assistance Collaborative, have submitted bids on the project. ADAMH is convening a group, which includes COHC, to review and score the two bids. COHC has reached out to hospital psych administrators to get feedback on the 2 firms.

After a firm is selected, a larger group will be brought together to provide the firm with guidance on expectations, expected outcomes and other needs in the analysis/pro forma. Representing hospitals on this group are:

- Jill Glenn, OSU Harding
- Jeffrey Smith, OhioHealth
- Dusty Kiaski, Mount Carmel
Representatives from Ohio Medicaid and Ohio Mental Health and Addiction Services will be asked to serve on this workgroup as well.
June 9, 2020

TO: COHC Board of Directors
FROM: Jeff Klingler
RE: Hospitals’ Collaborative Work around Opiate Use Disorder

The Franklin County hospital systems are working on several initiatives to reduce opiate overdoses and overdose deaths in the community, in support of the Columbus and Franklin County Addiction Plan. Under the Addiction Plan, numerous “lead entities” are identified to oversee and ensure successful completion of specific strategies. COHC convenes a work group of the 4 hospital systems to develop and implement strategies assigned to them. In addition to the strategies contained in the Plan, the hospital systems have identified additional areas for collaborative work.

Representing the hospital systems on this work group are:

Naeem Ali, OSU Wexner
Amy Imm, OhioHealth
Erin McKnight, Nationwide Children’s
Brian Pierson, Mount Carmel

The original Plan was recently refreshed, and included the following community goals for 2020. (NOTE: the goals were established in late 2019):

GOAL 1: Decrease drug overdoses by 15% as measured by EMS runs and emergency department visits for suspected overdoses.

- 1A: Increase the number of naloxone trainings by 100%.
- 1B: Increase the number of people that receive overdose prevention education by 30%.
- 1C: Increase the number of naloxone doses distributed by 30%.
- 1D: Reduce the number of opioid doses dispensed per patient.
- 1E: Increase incentivized program that offers same-day, immediate admission to treatment.

GOAL 2: Decrease drug overdose deaths by 15%.

- 2A: Increase the number of overdose reversals by 20%.
- 2B: Increase naloxone administration by first responders to overdose victims by 20%.

GOAL 3: Decrease incidence of blood borne infectious disease, such as hepatitis C, by 10%.
• 3A: Collect 20% more syringes for safe disposal.
• 3B: Distribute 20% more sanitized drug prophylactic instruments.
• 3C: Increase testing for hepatitis C by 20%

The following is an overview of the collaborative work of the four systems to address opiate overdose and addiction in the community. Where applicable, the hospital strategies include ties to one of the goals outlined above.

**Opiate prescription reduction**
*Community Goal: 1D: Reduce the number of opioid doses dispensed per patient.*

The hospital systems are implementing a quality-improvement project aimed at reducing the amount of opiates prescribed for patients in select ambulatory, GI surgical cases:

- Laparoscopic Cholecystectomy (Gallbladder removal using laparoscope)
- Laparoscopic Inguinal Hernia (Hernia repair using laparoscope)
- Open Inguinal Hernia (Hernia repair through open surgery)
- Umbilical Hernia
- Appendectomies

Hospitals submit quarterly the following data to the COHC in order to assess the reduction in prescriptions and prescription size compared to the pre-intervention period:

- The number of patients undergoing each surgical procedure
- The number of opiate prescriptions written for these patients
- The average Morphine Equivalent Daily Dose (MEDD) for patients undergoing each surgical procedure

Data for CYs 2017 (baseline), 2018, 2019 and for Q1 2020 are included with this memo under Attachment A. The workgroup overseeing this project has recommended that this work be expanded in 2020 to include opiate dose reductions for Cesarian sections. Q1 2020 C-section data has been collected, and will be shared and discussed with the COHC OB workgroup.

**Community education**
*Community Goals:*

1A: Increase the number of naloxone trainings by 100%.
1B: Increase the number of people that receive overdose prevention education by 30%.
1C: Increase the number of naloxone doses distributed by 30%.

The 4 hospital systems are collaborating with public health, Maryhaven and neighborhood-level organizations to coordinate community overdose education and prevention programs, which include distributing Naloxone kits along with education on how to administer Naloxone. Hospital representatives present prevention and opiate education at each of these community sessions.
Approximately 4 programs are held per month in communities across central Ohio. (NOTE: these sessions have been suspended for 2020). In 2019:

- 44 Community Trainings were held
- 1,372 residents have been trained on how to administer Naloxone
- 1,335 Naloxone Kits were distributed to residents

**ED treatment standards**

The Addiction Plan includes a number of strategies around patients presenting in the ED with overdose. This led to the development of common standards for the treatment of patients in the Emergency Department. The community-wide standards, which were adopted by the COHC in January 2017, include the following:

**Referral of Overdose Patients to Treatment**

*Community goal:* 1E: *Increase incentivized program that offers same-day, immediate admission to treatment.*

COHC works with ED leaders of the three adult hospital systems and RREACT, the community’s mobile response unit, to improve the system for dispatching RREACT teams when patients present in the ED with an overdose. Under the system, RREACT teams meet with overdose patients in the ED and educate them on treatment options. When there is a willingness for treatment, RREACT will transport the patient to the Maryhaven Addiction and Stabilization Center or connect them to other treatment options. COHC provides ED leaders with a monthly report showing hospitals’ compliance with initiating the RREACT process. Data for January through April 2020 (attached to this memo under Attachment B) shows that hospitals contacted RREACT for 30.5% of Columbus Fire EMS transports. Of those transports, RREACT successfully linked the patient to the MASC or other community-based service 25.5% of the time. The data (January through April) by system shows:

- Mount Carmel: called RREACT 34.3% of the time, with 24.7% of transported patients being linked to treatment.
- OhioHealth: called RREACT 23.6% of the time, with 21.2% of transported patients being linked to treatment.
- OSU Wexner: called RREACT 38.1% of the time, with 37.2% of transported patients being linked to treatment.

COHC is proposing a 20% improvement in the number of ED calls to the mobile RREACT teams in its 2020 work plan.

**Naloxone Distribution and Education**

*Community goal:*

1C: *Increase the number of naloxone doses distributed by 30% (15% per year).*

2A: *Increase the number of overdose reversals by 20%.*

Under the Community ED Standards, adopted by the COHC Board in 2017, hospitals have agreed to provide patients who present in the ED with an opiate overdose with a Naloxone kit, along with
instructions on how to use the kit for future potential overdose incidents, before the patient is discharged from the ED. COHC collects data and disseminates it to ED leaders, showing compliance with the standard on Naloxone distribution in the ED. Data for April 2020 shows that EDs, in aggregate, provided overdose patients with a Narcan kit 40.9% of the time. Data by ED/system is:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>% of kits distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCE</td>
<td>25%</td>
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<tr>
<td>MCF</td>
<td>30.8%</td>
</tr>
<tr>
<td>MC St. Ann’s</td>
<td>45%</td>
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<tr>
<td>MCHS TOTAL</td>
<td>34.0%</td>
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<tr>
<td>Doctors</td>
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<td>Grant</td>
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<td>Riverside</td>
<td>27.8%</td>
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<td>OhioHealth TOTAL</td>
<td>18.5%</td>
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<tr>
<td>OSU Main</td>
<td>0.0%</td>
</tr>
<tr>
<td>OSU East</td>
<td>97.0%</td>
</tr>
<tr>
<td>OSU Wexner TOTAL</td>
<td>84.0%</td>
</tr>
<tr>
<td>COHC TOTAL</td>
<td>40.90%</td>
</tr>
</tbody>
</table>

Data for January through April is provided below:
COHC is proposing a 15% increase in the number of Naloxone kits distributed by hospitals in its 2020 work plan, consistent with the community goal.

**Hepatitis C**

*Community goal: 3C: Increase testing for hepatitis C by 20%

The 4 hospital systems are working to screen patients presenting in the ED with substance use disorder for Hepatitis C and refer them to Columbus Public Health or Equitas Health for testing and treatment. COHC has provided ED leaders with patient education materials on Hepatitis C and on sites where tests can be performed.

**Employee workforce initiative**

In partnership with Cardinal Health Foundation and the Ohio Business Roundtable, the 4 hospital systems are discussing a collaborative, quality-improvement project aimed at addressing the use of prescription opiates by hospital associates. Employees with addiction have higher risks of accidents and injuries and increased health care claims, and they have lower productivity and increased absenteeism. Studies have shown that 70% of U.S. workplaces are affected by drug use, while 24% of human resource professionals consider addiction as a problem in their workforce. Using a calculator developed by the National Safety Council, the annual cost of substance use in the workforce for the 4 Franklin County hospital systems is $9.7 million.

Under this QI project, the central Ohio hospital systems will:

- Collectively learn about the evidence surrounding opioid medications and their impact on the hospital workforce and the cost to hospitals as employers;
- Develop strategies to address opiate use by hospital associates, which may include assessing workplace policies, developing employee education, partnering with benefit providers, and improving access to employee addiction assistance.
- Share data within the collaborative so that hospitals can monitor the success of their efforts in comparison to other hospitals in the county.

Hospital human resource directors are working with their PBMs and health plans to submit data metrics. One common strategy to address opiate use by hospital associates is to develop a common employee education video, which would be funded by the Cardinal Health Foundation.
Outpatient GI Surgery Opioid Prescription Reduction Initiative

The four Franklin County hospital systems are collaborating on a quality improvement project aimed at reducing the number of opiates prescribed for Franklin County patients in select ambulatory general surgical cases. Specifically, the systems are looking to reduce the number of opiate prescriptions for patients undergoing outpatient surgeries for:

- Laparoscopic Cholecystectomy (Gallbladder removal using laparoscope)
- Laparoscopic Inguinal Hernia (Hernia repair using laparoscope)
- Open Inguinal Hernia (Hernia repair through open surgery)
- Umbilical Hernia
- Appendectomy

The QI project is a pilot project with the following sites participating:

- Nationwide Children’s Hospital
- Mount Carmel Saint Ann’s Hospital
- OhioHealth Franklin County hospitals
- OSU Wexner Medical Center

Hospitals submit quarterly data to the COHC in order to assess the reduction in prescription size compared to prescription size during the pre-intervention period (using CY 2017 as a baseline). First quarter 2020 data shows the following improvement:

- Laparoscopic Cholecystectomy: a 43.9% reduction
- Laparoscopic Inguinal Hernia: a 47.6% reduction
- Open Inguinal Hernia: a 38.4% reduction
- Umbilical Hernia: a 40.9% reduction
- Appendectomies: a 44.5% reduction

Data is also provided showing the rate of opiate prescriptions written per outpatient procedure, with a rate of 1 indicating one opiate prescription written for one outpatient procedure.
Morphine Equivalent Daily Dose (MEDD), Average

**Morphine Equivalent Daily Dose (MEDD), Average**

- **Cholecystectomy**

- **Lap. Inguinal Hernia**

- Q1 17 to Q1 20

- Hospitals: MC St. Ann’s, Doctors, Dublin, Grant, Riverside, OSU Wexner
Rate of opiate prescriptions written per number of procedures

Morphine Equivalent Daily Dose (MEDD), Average Appendectomies

Rate of opiate prescriptions written per number of procedures

Cholecystectomy
Rate of opiate prescriptions written per number of procedures

Laparoscopic Inguinal Hernia

Rate of opiate prescriptions written per number of procedures

Open Inguinal Hernia
Referral of ED Overdose Patients to Treatment Initiative

COHC works with ED leaders of the three adult hospital systems and RREACT, the community’s mobile response unit, to improve the system for dispatching RREACT teams when patients present in the ED with an overdose. Under the system, RREACT teams meet with overdose patients in the ED and educate them on treatment options. When there is a willingness for treatment, RREACT will transport the patient to the Maryhaven Addiction and Stabilization Center or connect them to other treatment options. COHC provides ED leaders with a monthly report showing hospitals’ compliance with initiating the RREACT process. Data for January through April 2020 is provided below.

*This chart shows the percentage of EMS transports, by hospital system, where the RREACT mobile team was dispatched by EDs. Hospitals are asked to dispatch the RREACT teams for every overdose patient that presents in an ED.*
This graph shows the percentage of EMS transports, by system, where patients are successfully linked to treatment (often same day). Data suggests that systems more likely to dispatch RREACT teams have a higher number of patients that are linked to treatment.
TAB 6
June 10, 2020

TO: COHC Board of Directors

FROM: Jeff Klingler

RE: Update on COHC Activities

The following is an update on other activities underway at the COHC:

**Health Information Translations**

To date, COHC has received $40,000 of a $60,000 federal grant, provided by the National Library of Medicine, to assist the four hospital systems in translating patient education materials into languages most in need in central Ohio. This is in addition to $60,000 COHC received in 2019 from the Library of Medicine to support the Health Information Translations initiative.

Last year, hospital patient education representatives agreed that the most needed materials are those local organizations use for emergency and disaster preparedness, including emergency preparedness signage and other materials used by EDs, the Central Ohio Trauma System and the American Red Cross. This year, the group is addressing community needs of the administration of Naloxone, how to safely store and dispose of opiate prescription drugs and educational materials on stop the bleed, as well as information on safe sleep, the dangers of tobacco use during pregnancy and soothing a crying baby.

Health Information Translations is an initiative of the 4 hospital systems to provide education materials to limited English speaking patients. The materials are housed on a website, [www.healthinfotranslations.org](http://www.healthinfotranslations.org). The site includes more than 3,000 free resources, including information on medication safety, diagnostic tests, diseases and conditions, exercise and rehabilitation, food and diet, health and wellness, home care, pain and comfort, pediatrics, pregnancy and baby care, safety, stress, and disaster preparedness. The education material are translated into 14 languages, including Arabic, Simplified Chinese, Traditional Chinese, French, Hindi, Japanese, Korean, Nepali, Russian, Somali, Spanish, Ukrainian and Vietnamese. The site receives, on average, more than 8,000 visits a month. Most users come from Ohio, but there have been users from all states in the country and from nearly 100 foreign countries.

**Franklin County Bedboard**

COHC has been working with psychiatric providers participating in the Franklin County Bedboard to place uninsured patients needing inpatient psychiatric care. Typically, uninsured patients are
placed at Twin Valley Behavioral Health (a state-owned psychiatric facility); however, TVBH stopped admitting patients a few weeks ago due to a small spike in COVID+ patients. The Ohio Department of Mental Health Addiction Services requested that COHC convene providers to discuss placement of uninsured patients who need inpatient psych care. Local providers (OSU Harding, Riverside and 5 freestanding psych hospitals) agreed to the state’s terms, and the Bedboard system was been updated accordingly to facilitate patient placement.

This week, COHC also went live with Bedboard updates addressing the use of Bots, or automated internet software, by some providers to pull patients from the Bedboard platform. The use of Bots was creating inequitable distribution of patients among Bedboard providers and threatened to crash the server at OHA that houses the Bedboard system. The update requires providers to authenticate that they are not a Bot before allowing them to review or accept patients on the Bedboard.

Infant Mortality

While the focus of the COHC OB workgroup has been finalizing the universal maternal drug testing standards, work continues in our birthing hospitals to address infant mortality. The past few months, all eight birthing hospitals have operationalized a new video, focused on safe sleep, breastfeeding and tobacco use. The video is to be shown to all parents who deliver a baby at a Franklin County hospital before being discharged (about 25,000 births). The video has been uploaded to the COHC website, as many parents are requesting to view it over their cell phones [https://centralohiohospitals.org/video/](https://centralohiohospitals.org/video/). In conjunction with showing the video to parents, birthing units are providing parents with a take-home door hanger, which parents will be encouraged to use to make sure their home sleep environment is safe for their newborn. The door hanger was paid for by CelebrateOne, using contributions received from local corporate partners.

The OB workgroup continues to monitor other infant mortality initiatives, including:

**Infant safe sleep.** Hospitals continue to conduct quarterly safe sleep audits, showing the percentage of times hospital bassinets were empty at the time of the audit. In Q1 2020, 92.5% of bassinets were empty. When audits began in 2015, bassinets were empty just 63% of the time.

**Early elective deliveries.** Hospitals continue to monitor early elective delivery data. In Q4 2019, 0.52% of deliveries were scheduled early without a medical indication. The goal established by the OB workgroup is less than 3% of all deliveries.

**Tobacco cessation referrals.** In Q1 2020, 11 women were referred to Columbus Public Health for tobacco cessation counseling. COHC hopes to increase referrals in the second half of 2020; however, staff at CPH who provide tobacco cessation services have been reassigned to the COVID-19 incident command center. CPH has asked that the Council not make a big push for referrals at this time.

**Medical Legal Partnership.** In Q1 2020, hospital prenatal clinics referred 135 pregnant women to the Legal Aid Society to assist them with any legal issues they are experiencing.
Energy Efficiency

COHC and the Ohio Hospital Association held calls with each system’s facility director to review the goals and progress of the “10 by 25” initiative, whereby hospitals are working toward an agreed-to goal of reducing energy consumption by 10% by the year 2025. Under this initiative, hospitals are provided with a scorecard, showing their energy consumption, based on the U.S. EPA’s Energy Star Portfolio Manager. The scorecard also provides hospitals with their 2025 goal and the percentage of goal met, using 2017 data as baseline. Just two years into the eight-year project (or 25%), hospitals have met 35% of the goal.

Hospital facility directors were also updated on a City of Columbus initiative, which requires all buildings over 50,000 square feet (including hospitals) to submit Energy Star score data. The data will be made publicly available in 2021.
## Internal safe sleep audits

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<tr>
<td></td>
<td></td>
<td># of audits</td>
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<tr>
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<tr>
<td><strong>TOTALS</strong></td>
<td>252</td>
<td>233</td>
<td>92.5%</td>
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**SAFE SLEEP AUDITS**

- **Bare cribs passing audit**
- **Cots not passing audit**

**Graph:**
- Year: 2015-2020
- Qtr: 1Qtr, 2Qtr, 3Qtr, 4Qtr
- Data points for each quarter and year, showing the trend of safe sleep audits.
# Prenatal Referrals to Medical Legal Partnership

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<td>23</td>
<td>240.75</td>
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<tr>
<td>May</td>
<td>39</td>
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<td>176</td>
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<td>July</td>
<td>62</td>
<td>17</td>
<td>166.25</td>
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<td>August</td>
<td>63</td>
<td>28</td>
<td>245.8</td>
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<td>September</td>
<td>54</td>
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<tr>
<td>April</td>
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**TOTALS to date**

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<th># of Referrals</th>
<th># Served</th>
<th># of Hours Logged by LASC</th>
</tr>
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<tbody>
<tr>
<td>592</td>
<td>252</td>
<td>3259.7</td>
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# VLBW Transfers to High Volume Facilities

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<th>Facility</th>
<th>Total # of deliveries</th>
<th># VLBW infants (&lt;1500 gms) delivered</th>
<th># VLBW infants admitted to the NICU</th>
<th># VLBW infants that died in the delivery room</th>
<th># of mothers at risk for VLBW who were transferred prior to delivery (according to hospital protocol)</th>
<th># of mothers at risk for VLBW delivery who could have been transferred but were not (according to hospital protocol)</th>
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<tr>
<td>Doctors</td>
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<td>Average/Total</td>
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<td>118</td>
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## Tobacco Cessation Referrals

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## Early Elective Deliveries

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<th>2019</th>
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<th>2022</th>
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<tbody>
<tr>
<td>Mount Carmel Health System</td>
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<td></td>
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</tr>
<tr>
<td>MCE</td>
<td>0</td>
<td>27</td>
<td>1</td>
<td>36</td>
</tr>
<tr>
<td>MCW</td>
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<td>11</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>MC St. Ann's</td>
<td>0</td>
<td>81</td>
<td>0</td>
<td>69</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>1</td>
<td>384</td>
<td>6</td>
<td>430</td>
</tr>
</tbody>
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| OhioHealth |      |      |      |      |
| Doctors    | 0    | 19   | 0    | 20   |
| Dublin     | 0    | 55   | 0    | 69   |
| Grant      | 0    | 44   | 0    | 43   |
| Riverside  | 1    | 133  | 5    | 169  |
| OSU Wexner | 0    | 14   | 0    | 16   |
| **Totals** | 1    | 384  | 6    | 430  |

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<th>Q3</th>
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<tbody>
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<td>Numerator</td>
<td>0.26%</td>
<td>1.40%</td>
<td>1.70%</td>
<td>0.52%</td>
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</table>

| Mount Carmel Health System |      |      |      |      |
| MCE           | 0    | 27   | 1    | 36   |
| MCW           | 0    | 11   | 0    | 8    |
| MC St. Ann's  | 0    | 81   | 0    | 69   |
| **Totals**    | 1    | 384  | 6    | 430  |

| OhioHealth |      |      |      |      |
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| **Totals** | 1    | 384  | 6    | 430  |

|               | 0.26%| 1.40%| 1.70%| 0.52%|